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CERTIFICATE OF FACSIMILE PURSUANT TO 37 C.F.R. § 1.8

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office at (703) 872-9306 and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: _April 4, 2005_   By: _Ph. Ann Williams_

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	:	SHAW, Scott D.
Serial No.:	:	10/600,720
Filed:	:	June 20, 2003
Title:	:	FLOW TESTING SYSTEM AND METHOD
Examiner	:	CYGAN, Michael T.
Group Art Unit	:	2855
Confirmation No.	:	5846
Attorney Docket No.	:	40850.0100

Fee only

REQUEST FOR RECONSIDERATION PURSUANT TO 37 C.F.R. § 1.116

Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Request for Reconsideration is respectfully submitted in response to the Final Office

Action mailed on, October 5, 2004, the period for response that is hereby extended three months

04/12/2005 AJCHITOU0 00500507200014 to 10600720 April 5, 2005, and respectfully requests the Examiner to consider the Amendments and

01 FC:2253   510.00 DA
02 FC:2202   Remarks beginning on the following page.
03 FC:E201   200.00 DA

Amendments to the Claims are reflected in the listing of claims, which begins on page 2

of this paper.

Remarks begin on page 12 of this paper.

Conclusion begins on page 15 of this paper.

Application or Docket Number
10/600 720

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20=	*10
INDEPENDENT CLAIMS	2 minus 3 =	*0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=	90.00	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	465.00	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 29	Minus	** 30	= 0
Independent	* 3	Minus	*** 2	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 32	Minus	** 30	= 2
Independent	* 4	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	500	OR	X$18=	
X42=	200	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.